DOCUMENT RESUME

ED 027 170 RE 001 565

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A Learning Center for the Development of Reading and Communication Potential.

Park Ridge Township High School District Number 207, Ill.
Pub Date [68]
Note-8p.
EDRS Price MF-$0.25 HC-$0.50
Descriptors-*Inservice Teacher Education, Learning Specialists, Parent Counseling, Reading Centers, *Reading Consultants, Reading Diagnosis, Remedial Reading, *Remedial Reading Clinics, Remedial Reading Programs

The development of the Maine Township (Illinois) Diagnostic and Remedial Learning Centers, a Title III/ESEA project, is described. The remedial learning centers, located in three elementary school districts and in one high school district, are termed model programs because they are designed to treat pupils in that one school. Each learning center is staffed with a teacher consultant, reading specialists, and a learning disabilities teacher. The teacher consultant makes an initial educational assessment and develops a prescriptive educational program either in the classroom or with the specialists in individual or small group remedial classes. A basic tenet of this program is to provide continual diagnosis while an educational program is in progress. The teacher-consultant may refer the child to the diagnostic learning center for a more extensive multidisciplinary evaluation. Provisions for inservice training are made, including released time for workshops, conferences, and observations. Another phase of this program includes counseling for parents of children with learning difficulties. Future developments of the project are discussed. (CM)

ED027170

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CENTER FOR THE DEVELOPMENT OF READING AND COMMUNICATION POTENTIAL

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Children with learning disorders have probably been given as many special names as has any type of exceptional child..... Too often the classroom teacher's referral of a child to the "diagnostician" resulted in nothing more than a new name for the child's problem. The teacher who referred a child who had difficulty in reading was apt to find out from the "diagnostician" that the youngster actually had dyslexia! Teachers have become more vocal in asking that the diagnostic process yield more information which will tell her how to better teach the child with learning disorders. [1]

INTRODUCTION

These words of Barbara Bateman aptly expressed the concerns of teachers and administrators in Maine Township High School District 207 in Park Ridge, Illinois as they aspired to assist the teacher in helping children with learning difficulties to develop their full potential in reading and other communications skills. With the advent of the Title III, ESEA (PL 89-10) which in 1965 created a program known as PACE - Projects to Advance Creativity in Education, a select group of Maine Township teachers and administrators under the leadership of Mr. Ralph J. Frost, Assistant Superintendent of Schools addressed themselves to the task of preparing a project proposal for the establishment of a Learning Center for the Development of Reading and Communication Potential. Application for a Title III Planning Grant was prepared, submitted to the U. S. Office of Education, and subsequently awarded to the school district in order that a truly innovative and exemplary operational grant could be developed.

Approval for the establishment of what was to become known as the Maine Township Diagnostic and Remedial Learning Centers was granted under Title III, ESEA, to High School District 207 on June 30, 1967, with a three year budget of $850,000. In August, the director began his duties, facilities were rented, and a staff of three teachers were requested to serve as the nucleus for implementation of the program.

Through the cooperation of Dr. Richard R. Short, Superintendent of the High School District 207 and the superintendents of participating Maine Township elementary districts, the staff as of the beginning of 1968 has increased to eleven full time members and the services of a part time psychologist and psychiatrist have been obtained.

GENERAL BACKGROUND INFORMATION OF MAINE TOWNSHIP

In order to develop a perspective understanding of the development

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of the Maine Township Diagnostic and Remedial Learning Centers informational data of the township is necessary. Maine Township is a rapidly expanding metropolitan, non-central city, a geographic area immediately to the northwest of Chicago, Illinois, with an estimated total population of 135,000 including approximately 40,000 school age children. A professional staff of some 2000 members serve this school population in 35 public elementary schools, 26 non-public elementary schools, 3 public high schools, and 2 non-public high schools. It is conservatively estimated that 6% (recent research findings would more realistically set this percentage somewhere between 10% and 15%) of the students within the boundaries of Maine Township High School District 207 have learning problems which are of the severity to interfere with regular class instruction. To this time, supplementary help for these more than 2,400 students and their teachers has been minimal because of the tremendous financial demands which have been placed on the community to provide a quality education for their children. Building and expansion programs alone have totaled more than $20,000,000 in the past three years in the township.

DEVELOPMENT OF THE LEARNING CENTERS

The Maine Township Diagnostic and Remedial Learning Centers intend to provide educational, diagnostic, and remedial services to selected students in Maine Township who are so handicapped by their inability to make use of the communications skills, particularly reading and writing skills, that their school experience becomes one of frustration and failure. Based on these needs the Diagnostic and Remedial Learning Centers propose:

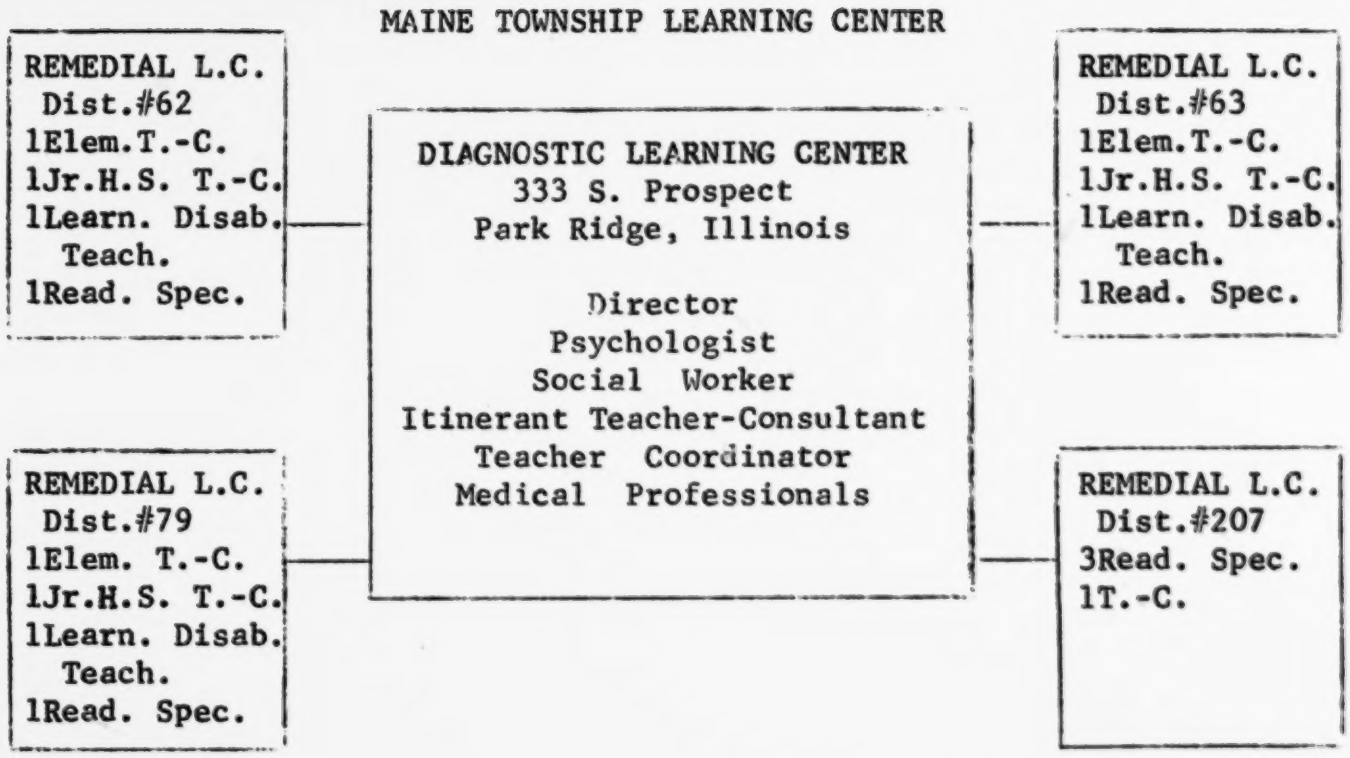
1. to provide a successful model program, K-12, for furnishing remediation and therapy to children experiencing any degree of reading and communication difficulties through a multidisciplinary diagnosis, prescriptive teaching, and consultative services;

2. to provide in-service training to increase teacher competence in helping disabled learners;

3. to provide an effective counseling program for parents of children with learning difficulties;

4. to reclaim drop-outs by using the remedial and therapeutic services of the centers and a work-study program.

In order to implement the foregoing objectives of the project a Diagnostic Learning Center was established in rented facilities which are centrally located to township schools. Remedial Learning Centers have been established in the high school district and three cooperating elementary school districts. The following diagram graphically presents the model concept upon which the program is based.



It should be noted at this point that as staff and facilities expand additional Remedial Learning Centers can be established to better serve non-public school children remedially as well as to extend services to a greater number of children and teachers in other participating districts in the township.

Because of the innovative and experimental nature of this project and in keeping with the policies as outlined in the guidelines for Title III projects, referrals for student services generally are limited to children attending schools in which a Remedial Learning Center has been established. Principals in the "model" schools forward their approved referrals to the teacher consultant in the local Remedial Center. The term "model" is used to imply that since the Center is not intended to meet the enire township's needs, services are concentrated at certain "model" schools and then extended to as many other schools as possible after first insuring the "model" schools an adequate amount of diagnostic and remedial help.

Specifically, the diagnostic and remedial services are provided by the following means. When a child with serious reading retardation or learning difficulties has been identified, the teacher-consultant, or educational diagnostician, interviews the teacher or teachers of the child, observes the child in classroom situations, examines the child's cumulative school records, and makes an initial educational assessment based on accumulated data. The teacher-consultant then decides whether (1) to administer additional diagnostic screening instruments; (2) to enroll him with the reading specialist for out-of-class remedial teaching in an individual or small group situation; or (3) to assign him to the learning disabilities teacher for perceptual motor training, improvement of linguistic deficits, as well as remedial reading instruction; or (4) to leave him in his classroom and help his classroom teacher by initiating the corrective teaching, demonstrating techniques, and providing appropriate instructional materials.

If after an initial prescriptive educational program has been developed for the child through any of the aforementioned means, the teacher-consultant may decide to refer the child to the Diagnostic Learning Center for a differential, multi-disciplinary diagnosis for a more extensive evaluation. The Diagnostic Learning Center can provide a further estimate of learning capacity, preliminary assessment of perceptual-motor skills and linguistic abilities, sensory screening, compilation of personal, family, and school history, and, should it be deemed necessary, a psychiatric evaluation, pediatric examination, neurological evaluation, vision and audition evaluations, and an evaluation of language development by a language pathologist.

It should be noted at this point that one of the basic tenets upon which this program has been established is that diagnosis is to serve only as a means to an end - the end being an effective, developmental, individual, educational program for the child. Consequently, the role of the educational diagnostician becomes one of <u>continual diagnosis and teaching</u>! This means that educational therapy continues even as the differential diagnosis is being performed. It is the feeling of the staff of this project that the children who have been referred for treatment are manifesting certain kinds of behavior in the classroom which has brought them to the attention of their classroom teacher. Consequently, the staff views this as a "call for help" and a request for some assistance in providing some immediate stop-gap measures if necessary, for containment of the child within the classroom, Too often, the referral of the child with learning difficulties has resulted in a never ending search by the "specialist" for the reasons why the child functions as he does while this call for help goes unanswered. Furthermore, it has been learned that the teacher-consultant, reading specialist or learning disabilities teacher, and classroom teacher can be extremely worthwhile contributors to the multi-disciplinary team if the individual educational program for the child is not delayed until all the psychological and medical data is gathered. The teacher-consultants are finding that many children, especially junior high and high school students who are referred to the Remedial Learning Centers are not in need of further diagnostic testing. In many instances, cumulative folders are thick with psychological data, behavioral manifestations, intellectual assessments, and many times medical information but nothing has been done to incorporate this data into a workable program for the child in the school setting.

This discussion is not meant to imply that the Diagnostic Learning Center, providing differential multi-disciplinary diagnostic services, is not one of the most innovative aspects of this project. This Center brings together many specialists who are usually separated from one another and gives them access to children who have serious learning problems and to schools that work with these children. This program is designed to tie a diagnostic evaluation center for learning problems, usually found in a hospital, together with the schools. The Remedial Learning Center teams are the vital link between the Diagnostic Learning Center and the local schools.

To provide for seventh and eighth grade children, a teacher-consultant has been assigned to one junior high school in each of the

cooperating school districts. The junior high teacher-consultant operates at the seventh and eighth grade level as he would in the elementary school, except for the fact that he does all of the out-of-class teaching. This teacher-consultant also does demonstration teaching and involves the junior high school teachers in in-service training.

At the high school level the reading disability cases are more severe, requiring more detailed diagnosis and evaluation and necessitating longer periods of remediation and more individualized teaching in small groups than in the elementary school. Therefore, a high school teacher-consultant has been assigned to one of the Maine Township High Schools and as soon as three qualified reading specialists can be recruited they will be assigned to the high school to complete the high school Remedial Learning Center team with the teacher-consultant. The objective of this team is to demonstrate the need and efficiency of remedial instruction in reading for high school students whose potential reading ability is substantially greater than their actual reading achievement. The following points should prove to be descriptive of the work of these teachers:

1. At first, these reading teachers will work with the students already identified by counselors, school reading specialist, and teachers as needing remedial reading instruction. As these lists are exhausted, they can assist the school staff to identify more students in need of help.

2. The teacher-consultant will act as liaison between school and clinic and process the referrals to the clinic from the school to which they are assigned. After assessment of the referred student's reading skills or study of his case, the teacher can send the student for a clinical study or keep him for teaching in the program.

3. These reading teachers will probably work with groups of 2-5, having written up individualized programs of remediation and shared the implications of the student s disability with his counselor and classroom teachers via a conference.

4. These reading teachers will be expected to work closely with the student s classroom teachers to share insights and help the teachers to program for him in their classes.

A small percentage of referrals have been made by local schools that are not directly involved in the program. The itinerent teacher-consultant works with these schools' referrals. This person also serves in the capacity as an assistant to the director in organizing and conducting in-service activities at the Diagnostic Learning Center and in coordinating other instructional aspects of the project.

As stated earlier, one of the purposes of the project is to provide in-service training for the professional staffs of cooperating schools. Before any mention is made of the specific in-service activities of the project it should be said that the most effective in-service training is carried on daily through the efforts of the Learning Center teams and the staffs of the "model" schools as they have the opportunity of

coordinating their activities in the development of an individually prescribed educational program for a child. Above and beyond this type of in-service, there are funds available to provide for substitutes in order that regular classroom teachers may be released to attend conferences with staff members, grade-level staffings at which anonymous child case studies are discussed, and to observe and participate with the activities of the Learning Center staffs. Presentations to school faculty meetings and township teacher institutes have been made by the staff and demonstrations and area workshops have been offered through the facilities of the Diagnostic Learning Center. Implementation of new media and materials for teaching the disabled learner and showing of video tape recordings of diagnosis and instruction of children have been employed at such meetings. The instructional materials center for the project is located at the Diagnostic Learning Center. All instructional materials and equipment are issued from the Center and all teachers in the districts are encouraged to become familiar with, and use, all of these materials. The Learning Center will also provide a summer workshop for Maine Township students and teachers. This workshop will be an innovative and exemplary addition to the ongoing township summer programs. Teachers will employ the therapeutic techniques of remedial reading, language development, perceptual motor training, pupil-parent counseling, and vocational training.

Participants will become involved in curriculum planning activities to assist them in individualizing instruction, particularly for students who are unable to successfully complete ordinary reading and writing assignments and tests. They will have the time and assistance to plan educational activities, multi-level reading materials, and methods of evaluation which do not require reading and writing. They will participate in practicum experiences with children who are enrolled in township summer remedial programs.

Often the lack of communication between home and school interferes with any diagnostic or remedial programs which are developed for a child. Consequently, the Learning Center staffs make the best possible use of initial parental contacts and will create opportunities to counsel parents of children identified as suffering from severe reading or learning disabilities, and to help parents achieve some understanding of the child's problems and consent to and cooperate with the program of remediation and therapy. Since the child experiencing learning difficulties is often subjected to unreasonable pressures at home, one of the duties of the teacher-consultant will be to hold individual conferences with parents of students referred to him. The staff social worker and teacher-consultant automatically confer with the parents of those children who are referred for out-of-class instruction. The parent group meetings with selected members of the Learning Center staff and led by the project social worker also have proven successful in strengthening the relationship between parent and school.

FUTURE DEVELOPMENT OF THE PROJECT

The objectives of the Maine Township Diagnostic and Remedial Learning Center as outlined in the original proposal are clear but the

methods employed in reaching the objectives need continuous evaluation. Is the program making the most effective use of time, effort, personnel, and funds in accomplishing these tasks? In order to find an answer to this question a professional evaluator from a neighboring university has been consulted to assist the Learning Center staff in performing a functional analysis of the project. This analysis has become a study of how the staff is actually expending their time and efforts. Information is gathered through observation of the staff by the evaluator in their respective center setting; and depth interviewing of the staff, cooperating administrators, and teachers. The outcome of this study should be beneficial in drafting the organization plans for the future development of the project. As an adjunct to this evaluation, a cost-benefit analysis is mandatory if a program is to be realistically maintained and expanded in the cooperating school districts when Title III funds are no longer available.

Because of the pressures on the schools to implement "new approaches" to learning, it is imperative that the continued development of the project be based on a sound philosophical foundation. The attempt is to make the operation of this project an integral part of the on-going school program so that it not perpetuate the practice of segregating the so-called different child through placement in another special class which becomes an additional appendage to the existing curriculum. Today, even some special education professionals are asking whether the special class concept should be promoted and expanded. With the exception of a very small number of extremely handicapped children, it is felt that the atypical child is more like the so-called normal child than he is different. The key is that teachers understand enough about the individual child and the way he is growing and developing that they can help him to learn to the best of his potential. Whatever has been learned from educational research, it is certainly clear that there is no single method which is best for all children. With the increased percentage of children being identified as disabled learners, and the emphasis on individualizing educational programs for children this project will attempt to develop exemplary, educational programs, for the purpose of stimulating the adoption of improved or new educational programs in the schools of Maine Township. This approach is in compliance with the charge to local districts under Title III ESEA to place increasing emphasis on programs to advance individualization of instruction. Therefore, the orientation toward leaving the child in his classroom and assisting the teacher by initiating corrective teaching, demonstrating techniques, and providing instructional materials, is gaining momentum through increased development of the skills of the teacher-consultant. All corrective and remedial instruction is to be individualized and planned. The instruction is to be prescribed after continual diagnosis and teaching has been carried to the point where the prescription for remediation and therapy can be written with a fairly high degree of confidence that it will result in successful learning when carried out by adequately trained, competent teachers and consultants. The goal is to offer the best individualized program possible based on a comprehensive diagnosis in relationship to the facilities available.

Future planning will center around improving and defining the role of the teacher-consultant. The development of the role of teacher-

consultant appears to be one of the more important aspects of the entire project. This person has become the key in aiding the classroom teacher in more effectively helping them to do a better job of teaching children with learning difficulties. Initial experience has shown that much of the time and effort of the staff of the Learning Centers should be expended in the nurture of this 'intervener concept'. The most notable feature of the project thus far in effecting educational change in the classroom is the opportunity for teacher to work with teacher. Advisedly, the statement made was teacher working with teacher - not specialist, not supervisor, and not coordinator. An "intervener" (teacher-consultant) who works with the classroom teacher to change the classroom climate for learning must be a person who has performed effectively as a classroom teacher. In addition this person has earned the respect from both his fellow teachers and school administrator as one whose advice is sought and whose judgment is valued. An effective teacher-consultant needs also to work well with children in a group situation or individually; know the basic academic skills of children, and have a variety of creative techniques in executing classroom instruction. Medical professionals who serve the project are assisting in the preparation of the teacher-consultant through helping them improve their skills in identifying the "soft signs" of the child with learning difficulties and in making a more accurate psycho-educational assessment of the child's potential. This concept demands thorough study, experimentation and continuous evaluation as the project attempts to offer new hope for the release of student potential.

Language is one of the most important implements of intelligence. Therefore, the task of the school is to train children in the facile understanding and use of their native language.

If the objective of education is to prepare citizens for a useful role in society, it then becomes the role of education to make it more possible for all of our young people to achieve this goal. In our complex society of today it is more imperative than ever that citizens of tomorrow are able to communicate effectively through the written symbol and the spoken word if they are to become fully functioning members of that society. With this knowledge the Diagnostic and Remedial Learning Centers hope to play their part in strengthening and improving the educational quality and opportunities in the elementary and secondary schools of Maine Township.

1 Bateman, Barbara. "Educator's View of a Diagnostic Approach to Learning Disorders," Learning Disorders, Vol. I, Special Child Publications, 1965.